

Recipient Committee  
Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in Ink.

COVER PAGE

Date Stamp RECEIVED NOV 11 2000 CITY CLERK CITY OF LOS ANGELES	<b>CALIFORNIA FORM 460</b>
Page <u>1</u> of <u>15</u>	For Official Use Only

Statement covers period  
from 10/24/00  
through 12/31/00

Date of election if applicable:  
(Month, Day, Year)  
11/7/00

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 7.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br>(Also Complete Part 4.) | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br>(Also Complete Part 6.) |
| <input type="checkbox"/> Ballot Measure Committee   | <input type="checkbox"/> General Purpose Committee  |
| <input type="radio"/> Primarily Formed  | <input type="radio"/> Sponsored   |
| <input type="radio"/> Controlled  | <input type="radio"/> Broad Based   |
| <input type="radio"/> Sponsored<br>(Also Complete Part 5.)  |   |

2. Type of Statement:

- |   |  |
|---|--|
| <input type="checkbox"/> Pre-election Statement           | <input type="checkbox"/> Quarterly Statement                                   |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report                               |
| <input type="checkbox"/> Termination Statement            | <input type="checkbox"/> Supplemental Pre-election Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)        |  |

3. Committee Information

I.D. NUMBER

1226486

COMMITTEE NAME

(Formerly Committee to Elect Emily Howard)

Friends of Emily Howard

STREET ADDRESS (NO P.O. BOX)

852 Alder Place

CITY STATE ZIP CODE AREA CODE/PHONE

Los Angeles CA 90012 213 369 2-176

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Philip Lantsberger

MAILING ADDRESS

4578 Feather River Dr. Suite D

CITY STATE ZIP CODE AREA CODE/PHONE

Stockton CA 95219 209 474 1684

NAME OF ASSISTANT TREASURER, IF ANY

Emily A. Howard

MAILING ADDRESS

852 Alder Pl.

CITY STATE ZIP CODE AREA CODE/PHONE

Los Angeles CA 90012 213 369 2-176

OPTIONAL: FAX/E-MAIL ADDRESS

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

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4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Emily A Howard

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Lead: City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

852 Alde Place Lead: CA 95142

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

CITY

STATE

ZIP CODE

AREA CODE/PHONE

5. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT  
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

Attach continuation sheets if necessary

7. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

1/30/00

DATE

Executed on

1/31/00

DATE

Executed on

DATE

Executed on

DATE

By

Shirley J. Berge

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By

Emily A Howard

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

# Campaign Disclosure Statement Summary Page

Type or print in Ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period  
from 10/1/00  
through 12/31/00

CALIFORNIA FORM **460**

Page 3 of 15

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

1226486

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (COLUMNS A + B)
1. Monetary Contributions ..... Schedule A, Line 3	\$ <u>3,094</u>	\$ <u>5,284</u>	\$ <u>8,378</u>
2. Loans Received ..... Schedule B, Line 7	\$ <u>5,078</u>	\$ <u>8,444</u>	\$ <u>13,522</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>8,172</u>	\$ <u>13,728</u>	\$ <u>21,900</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>915</u>	\$ <u>7,642</u>	\$ <u>8,557</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>9,087</u>	\$ <u>21,370</u>	\$ <u>30,457</u>

## Expenditures Made

6. Payments Made ..... Schedule E, Line 4	\$ <u>8,159</u>	\$ <u>15,429</u>	\$ <u>23,588</u>
7. Loans Made ..... Schedule H, Line 7	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>8,159</u>	\$ <u>15,429</u>	\$ <u>23,588</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	\$ <u>915</u>	\$ <u>7,642</u>	\$ <u>8,557</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>9,074</u>	\$ <u>23,071</u>	\$ <u>32,145</u>

## Current Cash Statement

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ <u>0</u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>8,172</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>8,159</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>13</u>

\* From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

## Summary for Candidates in Both June and November Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received .....	\$ _____	\$ _____
21. Expenditures Made .....	\$ _____	\$ _____

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents ..... See Instructions on reverse	\$ <u>13,522</u>
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column C above	\$ _____

**Schedule A**  
**Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>10/22/0</u> through <u>12/31/0</u>		<b>CALIFORNIA FORM 460</b>
		Page <u>4</u> of <u>15</u>
		I.D. NUMBER <u>1226456</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Emily Howard

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10/25/0	Valley MRI Center, JV. 546 E. Pine St. Stockton, CA 95204	<input type="checkbox"/> IND <input checked="" type="checkbox"/> OTH		250	250	
10/25/0	Susan Hitchcock 221 W Pine Street Lodi, CA 95241-1910	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	City Council Person	100	100	
10/25/0	Howard Maxwell 6257 Crooked Stick Circle Stockton, CA 95219	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Insurance broker	200	200	
10/30/0	Lodi Firefighters/United Fire Fighters of Lodi P.O. Box 1841 Lodi, CA 95241	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		1000	2,000	
10/30/0	Tenchant Aggregates 3500 American River Dr. Sacramento, CA 95851	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		250	250	

SUBTOTAL \$ 1800

**Schedule A Summary**

- Amount received this period – contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 2350
- Amount received this period – unitemized contributions of less than \$100 ..... \$ 744
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 3094

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
OTH – Other

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>10/22/00</u> through <u>12/31/00</u>		<b>CALIFORNIA FORM 460</b>
		Page <u>5</u> of <u>5</u>
		I.D. NUMBER <u>1226486</u>

NAME OF FILER

Friends of Emily Howard

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
11/2/00	Nick Sparks Jr. 300 Shady Acres Dr. Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Pharmacist	200	200	
11/3/00	Mitchell & Wendy Abdullah 840 Alder Place Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Student	100	100	
11/6/00	Waste Management 155 N. Palmdale Dr. Suite 250 San Rafael, CA 94903	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		150	150	
12/31/00	Howard Seligman 7540 Shoreline Dr. Suite G Stockton, CA 95219	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Attorney	100	100	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				

SUBTOTAL \$ 550

**\*Contributor Codes**

IND - Individual  
 COM - Recipient Committee  
 OTH - Other

**Schedule B – Part 1  
Loans Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period from <u>10/22/00</u> through <u>12/31/00</u>	<b>CALIFORNIA FORM 460</b>
Page <u>6</u> of <u>15</u>	I.D. NUMBER <u>1226486</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Emily Howard

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDER OR GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LENDER INFORMATION			GUARANTOR INFORMATION	
				DUE DATE/ INTEREST RATE	(a) AMOUNT OF LOAN	CUMULATIVE TO DATE	(b) AMOUNT GUARANTEED	CUMULATIVE TO DATE
10/27/00	Opportunity Temps, Inc. 4578 Feather River Dr. #10 Stockton, CA 95219 <input checked="" type="checkbox"/> Lender <input type="checkbox"/> Guarantor	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		DUE DATE <u>DEMAND</u> INTEREST RATE <u>0</u> %	727	CALENDAR YEAR <u>727</u> OTHER \$		CALENDAR YEAR \$ OTHER \$
10/31/00	Opportunity Temps, Inc. 4578 Feather River Dr. #10 Stockton, CA 95219 <input type="checkbox"/> Lender <input type="checkbox"/> Guarantor	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		DUE DATE <u>DEMAND</u> INTEREST RATE <u>0</u> %	2000	CALENDAR YEAR <u>2,727</u> OTHER \$		CALENDAR YEAR \$ OTHER \$
10/27/00	Opportunity Temps, Inc. 4578 Feather River Dr. #10 Stockton, CA 95219 <input type="checkbox"/> Lender <input type="checkbox"/> Guarantor	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		DUE DATE <u>DEMAND</u> INTEREST RATE <u>0</u> %	7,351	CALENDAR YEAR <u>5,078</u> OTHER \$		CALENDAR YEAR \$ OTHER \$
SUBTOTAL \$ <u>5,078</u>							Enter (b) on Summary Page, Line 17 only.	

**Schedule B – Part 1 Summary**

- Loans of \$100 or more received this period. (Include all Loans Received – Part 1 (a) subtotals.) ..... \$ 5,078
- Amount received this period – unitemized loans of less than \$100 ..... \$ 0
- Total loans received this period. (Add Lines 1 and 2.) ..... TOTAL \$ 5,078

**Schedule B – Part 2 Summary**

- Loans of \$100 or more repaid, forgiven, or paid by a third party this period. (Include all Part 2 (c) subtotals. If forgiven or paid by a third party, also itemize the transaction on Schedule A.) ..... \$ 0
- Loans under \$100 repaid, forgiven, or paid by a third party. (Do not itemize.) If forgiven or paid by a third party, include this amount on Schedule A Summary, Line 2. .... \$ 0
- Total loans repaid, forgiven, or paid by a third party this period. (Add Lines 4 + 5.) ..... TOTAL \$ 0
- Net change this period. (Subtract Line 6 from Line 3.) ..... NET \$ 5,078  
Enter the net here and on the Summary Page, Column A, Line 2.

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
OTH – Other

May be a negative number.

**Schedule B – Part 2**  
**Repayments Made on Loans Received, Loans**  
**Forgiven, and Loans Repaid by a Third Party**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from <u>10/22/00</u>	through <u>12/31/02</u>	
Page <u>7</u> of <u>15</u>		I.D. NUMBER <u>1226486</u>

DATE OF REPAYMENT OR FORGIVENESS	DATE OF ORIGINAL LOAN	FULL NAME OF LENDER	INTEREST RATE (IF CHANGED)	(c) AMOUNT REPaid OR FORGIVEN ON PRINCIPAL* (EXCLUDE PAYMENT OF INTEREST)	OUTSTANDING PRINCIPAL	(d) INTEREST PAID
		NO payments				

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

TOTAL INTEREST PAID THIS PERIOD \$

**\*IMPORTANT:** If any part of a loan is forgiven or repaid by a third party, also itemize the transaction on Schedule A, including the name and address of the person forgiving the loan or the third party making the payment, and the amount forgiven or paid.

Enter the amount in column (d) in the Schedule E Summary, Line 3. Do not carry this total to the Schedule B Summary.

**Schedule C**  
**Nonmonetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>10/22/00</u> through <u>12/31/00</u>	<b>CALIFORNIA FORM 460</b>
Page <u>5</u> of <u>15</u>	I.D. NUMBER <u>1226456</u>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Friends of Emily Howard

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10/22/00	Lecl. Firefighters / United Firefighters of Lecl. P.O. Box 1841 Lecl., CA 95241	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		Replacement Signs for Signs Vanish 11/20	915	915	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

**Schedule C Summary**

- Amount received this period – nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.) ..... \$ 915
- Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ 0
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... TOTAL \$ 915

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
OTH – Other



**Schedule D**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**


Type or print in Ink.  
 Amounts may be rounded  
 to whole dollars.

Statement covers period from <u>10/22/00</u> through <u>12/31/00</u>		<b>SCHEDULE D</b> <b>CALIFORNIA FORM 460</b>
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		I.D. NUMBER <u>1226486</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Emily Howard

DATE	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION OF NONMONETARY CONTRIBUTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT
	<u>NONE</u> <input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure			Calendar Year \$ _____ Other \$ _____
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure			Calendar Year \$ _____ Other \$ _____
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure			Calendar Year \$ _____ Other \$ _____
<b>SUBTOTAL \$</b>					

**Schedule D Summary**

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$ 0
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ 0
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL \$** 0

**Schedule E  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period

from 10/22/00

through 12/31/00

SCHEDULE E

**CALIFORNIA  
FORM 460**

Page 10 of 15

SEE INSTRUCTIONS ON REVERSE

French of Emily Howard

1220486

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)\*

CVC civic donations

FND fundraising events

IND independent expenditure supporting/opposing others (explain)\*

LIT campaign literature and mailings

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging and meals (explain)

TRS staff/spouse travel, lodging and meals (explain)

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (Internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lodi News Sentinel 125 N. Church St. Lodi, CA 95241	PRT		2490
Mojave's Betty's Cough & Tissues 125 East Elm Street Lodi, CA 95240	CMP		128
Bank of Lodi Mail Box 3009 Lodi, CA 95241	OFC		29

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 2647**

**Schedule E Summary**

- Payments made this period of \$100 or more. (Include all Schedule E subtotals.) ..... \$ 8159
- Unitemized payments made this period of under \$100 ..... \$ 0
- Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).) ..... \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$ 8159**

**Schedule E**  
**(Continuation Sheet)**  
**Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>10/22/12</u> through <u>12/31/12</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>11</u> of <u>15</u>
	1226486

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Frank J. Emly Howard

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (Internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Strategic Research Inc. 3333 W. Country Club Blvd Stockton, CA 95204	CMP		359
Foster Lumber 2411 Maggie Circle Lock, CA 95241	CMP		7
ATT Media Services 7407 Term O Shaker Dr. Suite 100 Stockton, CA 95210	TEL		27
Duncan Press 25 W. Lockwood Street Lock, CA 95240	LIT		2351
U. S. Postmaster Lock, CA	LIT		2000

Payments that are contributions or independent expenditures

SUBTOTAL \$ 5073

# Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F

Statement covers period from <u>10/22/00</u> through <u>10/31/00</u>	<b>CALIFORNIA FORM 460</b>
Page <u>12</u> of <u>15</u>	I.D. NUMBER <u>1226486</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Emily Howard

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*  
CVC civic donations  
FND fundraising events  
IND independent expenditure supporting/opposing others (explain)\*  
LIT campaign literature and mailings  
MTG meetings and appearances

OFC office expenses  
PET petition circulating  
PHO phone banks  
POL polling and survey research  
POS postage, delivery and messenger services  
PRO professional services (legal, accounting)  
PRT print ads  
RAD radio airtime and production costs

RFD returned contributions  
SAL campaign workers salaries  
TEL t.v. or cable airtime and production costs  
TRC candidate travel, lodging and meals (explain)  
TRS staff/spouse travel, lodging and meals (explain)  
TSF transfer between committees of the same candidate/sponsor  
VOT voter registration  
WEB information technology costs (internet, e-mail)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
<u>None</u>					
SUBTOTALS \$		\$	\$	\$	\$

## Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) ..... INCURRED TOTALS \$ 0
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) ..... PAID TOTALS \$ 0
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... NET \$ 0  
May be a negative number

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period from <u>10/22/00</u> through <u>12/31/00</u>		CALIFORNIA FORM <b>460</b>
Page <u>13</u> of <u>15</u>		
NAME OF FILER <u>Friends of Emily Howard</u>		I.D. NUMBER <u>1226480</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NAME OF AGENT OR INDEPENDENT CONTRACTOR

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
None			

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$ 0

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (8/99)  
For Technical Assistance: 916/322-5660

**Schedule H – Part 1**  
**Loans Made to Others\***

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE H - PART 1

Statement covers period  
from 10/22/00  
through 12/31/00

**CALIFORNIA**  
**FORM 460**

Page 14 of 15

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

1226486

DATE OF LOAN	NAME AND ADDRESS OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	INTEREST RATE	DUE DATE	AMOUNT
	<u>Friends of Emily Howard</u>			
	<u>None</u>			

\*Loans that are contributions to another candidate or committee must also be summarized on Schedule D.

**SUBTOTAL \$**

**Schedule H – Part 1 Summary**

1. Loans of \$100 or more made this period. (Include all Loans Made – Part 1 subtotals.) ..... \$ 0  
 2. Unitemized loans under \$100 made this period ..... \$ 0  
 3. Total loans made this period. (Add Lines 1 and 2.) ..... **TOTAL \$** 0

**Schedule H – Part 2 Summary**

4. Payments received on loans of \$100 or more. (Include all loan payments received and all loans of \$100 or more forgiven by this committee – Part 2 (a) subtotals. If forgiven, also itemize on Schedule E.) ..... \$ 0  
 5. Unitemized payments received on loans under \$100. (Including a forgiveness.) ..... \$ 0  
 6. Total loan payments received this period. (Add Lines 4 and 5.) ..... **TOTAL \$** 0  
 7. Net change this period. (Subtract Line 6 from Line 3.) ..... **NET \$** 0  
 Enter the net here and on the Summary Page, Column A, Line 7.)

May be a negative number

**Schedule I**  
**Miscellaneous Increases to Cash**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE I

Statement covers period from <u>10/22/00</u> through <u>12/31/00</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>15</u> of <u>15</u>
I.D. NUMBER <u>1226456</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

*Friends of Emily Howard*

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
	<i>None</i>		

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

**Schedule I Summary**

- Increases to cash of \$100 or more this period. .... \$ 0
- Unitemized increases to cash under \$100 this period. .... \$ 0
- Total of all interest received this period on loans made to others. (Schedule H, Part 2 (b).) .... \$ 0
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) .... **TOTAL \$** 0

Recipient Committee  
Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in Ink.

COVER PAGE

CALIFORNIA  
FORM 460

Date Stamp

RECEIVED

JUN 31 PM 4:11

JAN J. BLACKSTON  
CITY CLERK  
CITY OF LODI

Page 1 of 3

For Official Use Only

Statement covers period  
from JULY 1, 2000  
through DEC. 31, 2000

Date of election if applicable  
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 7.

☒ Officeholder, Candidate  
Controlled Committee  
(Also Complete Part 4.)

☐ Ballot Measure Committee  
☐ Primarily Formed  
☐ Controlled  
☐ Sponsored  
(Also Complete Part 5.)

☐ Primarily Formed Candidate/  
Officeholder Committee  
(Also Complete Part 6.)

☐ General Purpose Committee  
☐ Sponsored  
☐ Broad Based

2. Type of Statement:

☐ Pre-election Statement  
☐ Semi-annual Statement  
☒ Termination Statement  
☐ Amendment (Explain below)

☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Pre-election  
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER

982032

COMMITTEE NAME

Committee To Elect Harry L. Marzolf  
STREET ADDRESS (NO P.O. BOX)

445 MADRONE CT.  
CITY STATE ZIP CODE AREA CODE/PHONE

Lodi CA 95242 (209) 333-7682  
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

CAROLINE A. MARZOLF  
MAILING ADDRESS

44 MADRONE CT.  
CITY STATE ZIP CODE AREA CODE/PHONE

Lodi CA 95242 (209) 333-7682  
NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS



Recipient Committee  
Campaign Statement  
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 2 of 3

4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

HARRY L. MARZOLF

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

CITY COUNCIL MEMBER

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

445 MADROSE CT., LODI CA 95242

Related Committees Not Included in this Statement: *List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.*

COMMITTEE NAME

COMMITTEE TO ELECT

I.D. NUMBER

HARRY L. MARZOLF

982032

NAME OF TREASURER

CAROLINE MARZOLF

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

445 MADROSE CT.

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Lodi

CA

95242

(209) 333-7682

Attach continuation sheets if necessary

5. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT  
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

6. Primarily Formed Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

7. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on Dec 24, 2000  
DATE

Executed on Dec 24, 2000  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By Caroline A. Marzolf  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Harry L. Marzolf  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>JULY 1, 2000</u> through <u>DEC 31, 2000</u>	<b>CALIFORNIA FORM 460</b>
Page <u>3</u> of <u>3</u>	I.D. NUMBER <u>982032</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

HARRY L MARZOLF

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (COLUMNS A + B)
1. Monetary Contributions ..... Schedule A, Line 3	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
2. Loans Received ..... Schedule B, Line 7	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

## Expenditures Made

6. Payments Made ..... Schedule E, Line 4	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
7. Loans Made ..... Schedule H, Line 7	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

## Current Cash Statement

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ <u>0</u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>0</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>0</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>0</u>

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 1, Column (b)	\$ <u>0</u>
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents ..... See instructions on reverse	\$ _____
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column C above	\$ _____

\* From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

## Summary for Candidates in Both June and November Elections

	7/1 through 6/30	7/1 to Date
20. Contributions Received ..... \$ _____		
21. Expenditures Made ..... \$ _____		